

DEPARTMENT OF COMMERCE  
BUREAU OF VITALS & STATISTICS  
FILED JAN 28 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44042

Registration District No. 815 Primary Registration District No. 6164 Registrar's No.

1. PLACE OF DEATH: Scott  
(a) County. Rural - Sandy Woods Township  
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 mi. North of Blodgett, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Joyce Sue Finley  
3. (b) If veteran, X X X 3. (c) Social Security No. X X  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced infant  
6. (b) Name of husband or wife X X X 6. (c) Age of husband or wife if alive X X years  
7. Birth date of deceased Nov. 13 1938 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 0 21 hr. min.

9. Birthplace Blodgett Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Coda Finley

13. Birthplace Scott County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Ollie Belt

15. Birthplace Tolu Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Coda Finley

(b) Address Rt. #.2., Sikeston, Mo.

17. (a) Burial (b) Date thereof 12-5-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett, Mo.

18. (a) Signature of funeral director Blair-Nunnelee Service

(b) Address Charleston, Missouri

19. (a) 12/10/40 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Scott  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi. N. of Blodgett, Mo. (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 4th. year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Dec 3 1940 to Dec 4 1940 that I last saw h alive on Dec 4 1940 and that death occurred on the date and hour stated above.  
Immediate cause of death Diphtheria

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

737 (Specify type of place)

While at work (e) Means of injury

23. Signature (M. D. or other)

Address Blodgett Mo Date signed 12-6-40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.